STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy

STD. 262 (REV. 12/93)					Statement on Reverse Side Page						e <u> </u>	of	1	Pages	
	T'S NAME Sandra Po				=====	SSAN	OR EN	MPLOYEE 1	===== NUMBE	R*	DEPARTI DEPAR		F MANAGED	HEALTH	CARE
POSITION CB/ID NO. Director M01				DIVISION OR BUREAU Office of the Patient Advocate							INDEX N	IUMBER 6000			
RESIDEN	CE ADDRES	S*						TERS ADD Street, Su)			ONE NUMBER (916) 324-64	07	
CITY STATE Sacramento CA		ZIP CODE			CITY Sacramento			STATE CA				ZIP CODE 95814			
(1) MONTH / YEAR (3)		====== (4)	(5	(5) MEALS		•		(7)			ORTATION	ı		(9)	
Dec. 2009		LOCATION				O.T., LT,		INCIDEN-	(A)	(B)		(D) Pr	(D) Private Car Use		TOTAL
DATE	(2) TIME	Where Expenses Were Incurred	LODGING	Break- fast	Lunch		Relo. inner	TALS			Tolls, Parking	Miles	Amount	EXPENSE	EXPENSES FOR DAY
10-Dec.	7:00 am	Sacramento - San Francisco San Francisco -												111111111111111111111111111111111111111	\$0.00
	1:30 pm	Sacramento							24.00) R/PC	32.00	5	2.75		\$58.75
												+			\$0.00
															\$0.00 \$0.00
															\$0.00
															\$0.00
															\$0.00
												_			\$0.00
															\$0.00
(10) SUBT	OTAL S	<u> </u>	0.00	0.00	0.00	0	00	0.00	24.00	 	32.00	5	2.75	0.00	\$0.00 \$58.75
(10) SUBTOTALS 0,00 0,00 COLUMN CODE (ACCTG. USE ONLY)			0,00	O,	00	O,OO	24.00		32.00	J	2,13	0,00	ψ3ψ.73		
	CLAIM 1	OTAL												\$	58.75
(11) PURP	OSE OF TRIP, R	REMARKS AND DETAIL	S (Attach rec	eipts/vouc	hers when	required)						(12) NORMAL	WORK HOURS	
12/10/2009: PURPOSE: Did a TV Taping, KFSF Univision San Franciso regarding SB 853 and Balanced Billing. Please note: Carpooled with office staff from Sacramento to San Francisco and only did the return on Amtrak from San Francisco to Sacramento. (13) PRIVATE VEI											SE #				
(Picked up to		32.00 (TV Station)										_	4GNH186 (14) MILEAGE F	RATE CLAIMED	1
												_	0.550 AGENO	CY ACCOUNTIN	IG OFFICE
(15) I HER	EBY CERTIFY	that the above is a true s	tatement of th	e travel exp	enses incu	rred by m	e in acc	ordance with	DPA rule	s in the se	ervice of the		PAID BY F	USE ONLY	ND CHECK#
was equal t	o or greater than	ately owned vehicle was n the rate claimed, and the afety and seat belt usage	nat I have met	•				,							
CLAIMANT'S SIGNATURE DATE			(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT								DATE				
>> (17) SPEC	IAL EXPENSE A	AUTHORIZATION - SIGN	NATURE AND	TITLE 9 (S	See Item 17	>> on revers	se)							DATE	
>>															